



**State of New Hampshire
Liquor Commission
Division of Enforcement & Licensing**



**APPROVED PERMANENT SITE
5 DAY NOTICE
OFF-SITE CATERING EVENT**

LICENSEE INFORMATION:

ENTITY NAME:		TRADE NAME:	
PHYSICAL ADDRESS:		LIQUOR LICENSE NUMBER:	
DATE OF EVENT:	TIME FROM:	TIME TO:	PHONE #
GROUP REQUESTING THE EVENT:			PHONE#:
TYPE OF EVENT:			NUMBER OF GUESTS::
LOCATION OF EVENT			
NAME OF LOCATION:			
MANAGER OF CATERING REQUESTING:			